CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

н	elena, MT 59620-2501		Due May 01	, 2000	
Legal Entity #	School Dist. #	School Name		County	Level
0307	2	Deer Park Elem		15	EL
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit we submitted for the electory of your rate.				
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply ar ve been adju	nd OMB Circular
casual relationship l accordance with ap have not been claim	d in the proposal are p between the expenses plicable requirements. ned as direct costs. In ablic Instruction will be	incurred and the agr Further, the same of addition, similar type	reements to which osts that have been sof costs have be	they are allower treated as seen accounted	ocated in s indirect costs ed for consistently
	regoing is true and cor				
Signature of Distri Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box	
•			2105 Middle Roa		
Printed Name of A	uthorized Official		City	Z	Zip Code
			Columbia Falls	5	9912
Title			Date	1	
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:
Ар	proved Rate for FY20	06	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Н	elena, MT 59620-2501		Due May 61, 2000			
Legal Entity #	School Dist. #	School Name		County	Level	
0308	3	Fair-Mont-Egan El	em	15	EL	
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest	hundredth (X.)	XX%) of a percent.)	
	Complete and submit wo submit wo submitted for the electory oval of your rate.					
This is to certify tha knowledge and beli	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	erewith and to	o the best of my	
allowable in accordance A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which llowable costs ha	they apply ar ve been adju	nd OMB Circular	
casual relationship accordance with ap have not been claim	d in the proposal are p between the expenses plicable requirements. ned as direct costs. In ublic Instruction will be	incurred and the ag Further, the same of addition, similar type	reements to which osts that have be as of costs have b	n they are allo en treated as een accounte	ocated in indirect costs ed for consistently	
	regoing is true and cor					
Signature of Distri Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box		
•			797 Fairmont Ro			
Printed Name of A	uthorized Official		City	Z	ip Code	
			Kalispell	5	9901	
Title			Date	<u>'</u>		
Send con	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction				
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUB	LIC INSTRU	CTION BY:	
Ар	proved Rate for FY20	06	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Н	elena, MT 59620-2501		_ a.ca.y c .	,	
Legal Entity #	School Dist. #	School Name		County	Level
0309	4	Swan River Elem		15	EL
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit wo be submitted for the electory or an area of your rate.				
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my
allowable in accorda A-87, "Cost Principl	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply ar /e been adju	nd OMB Circular
casual relationship accordance with ap have not been claim	d in the proposal are p between the expenses plicable requirements. ned as direct costs. In ablic Instruction will be	incurred and the agr Further, the same of addition, similar type	reements to which osts that have been so of costs have be	they are allower treated as seen accounted	ocated in s indirect costs ed for consistently
	regoing is true and cor				
Signature of Distri Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box	
<u> </u>			1205 Swan High		
Printed Name of A	uthorized Official		City	Z	Zip Code
			Bigfork	5	9911
Title			Date	<u>, </u>	
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:
Ар	proved Rate for FY20	06	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

н	elena, MT 59620-2501		Due May 01	, 2000	
Legal Entity #	School Dist. #	School Name		County	Level
0310	5	Kalispell Elem		15	EL
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit we submitted for the electory of your rate.				
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply ar e been adju	nd OMB Circular
casual relationship l accordance with ap have not been claim	d in the proposal are postween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be	incurred and the ag Further, the same of addition, similar type	reements to which osts that have been so of costs have be	they are allowed treated as een accounted	ocated in indirect costs ed for consistently
	regoing is true and cor				
Signature of Distri Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box	
•			233 First Ave Eas		
Printed Name of A	uthorized Official		City	Z	ip Code
			Kalispell	5	9901
Title			Date	_	
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRU	CTION BY:
Ар	proved Rate for FY20	06	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

н	elena, MT 59620-2501		Due May 01	, 2000	
Legal Entity #	School Dist. #	School Name		County	Level
0311	5	Flathead H S		15	HS
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit we submitted for the electory or an arms.				
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply ar e been adju	nd OMB Circular
casual relationship l accordance with ap have not been claim	d in the proposal are postween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be	incurred and the ag Further, the same of addition, similar type	reements to which osts that have been so of costs have be	they are allowed treated as een accounted	ocated in indirect costs ed for consistently
	regoing is true and cor				
Signature of Distri Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box	
•			233 First Ave Eas		
Printed Name of A	uthorized Official		City	Z	ip Code
			Kalispell	5	9901
Title			Date	1	
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRU	CTION BY:
Ар	proved Rate for FY20	06	Date Approved		
			Signature		

Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

D. . . May 24 2005

	lelena, MT 59620-2501		Due May 31	, 2005	
Legal Entity #	School Dist. #	School Name		County	Level
0312	6	Columbia Falls Ele	m	15	EL
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	(X%) of a percent.)
	Complete and submit woe submitted for the electory oval of your rate.				
This is to certify tha knowledge and beli	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my
allowable in accorda	ed in this proposal to es ance with the requirem les for State and Local in the attached Predete	ents of the Federal a Governments." Una	award(s) to which to which to which to which to which the ward is the ward of	they apply ar ve been adju	nd OMB Circular
casual relationship accordance with ap have not been claim and the Office of Pupredetermined rate.	ed in the proposal are pubetween the expenses plicable requirements. In the das direct costs. In the label of	incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which osts that have beens of costs have be	they are allo en treated as een accounte	ocated in indirect costs ed for consistently
	ct Superintendent or		Street Address	or P.O. Box	
•			PO Box 1259		
Printed Name of A	uthorized Official		City	Z	ip Code
			Columbia Falls	5	9912
Title			Date		
Send con	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRUC	CTION BY:
Ар	proved Rate for FY20	06	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

h	Helena, MT 59620-2501		Duc May 0	1, 2000	
Legal Entity #	School Dist. #	School Name		County	Level
0313	6	Columbia Falls H S	S	15	HS
Proposed Restric	cted Indirect Cost Rate	e%	(Round to nearest	hundredth (X.	XX%) of a percent.)
	Complete and submit we be submitted for the electory or				
This is to certify that knowledge and beli	at I have reviewed the in ief:	ndirect cost rate prop	oosal submitted he	erewith and t	o the best of my
allowable in accord A-87, "Cost Princip	ed in this proposal to es lance with the requirem les for State and Local n the attached Predete	ents of the Federal a Governments." Una	award(s) to which Illowable costs ha	they apply a ve been adju	nd OMB Circular
casual relationship accordance with ap have not been clair	ed in the proposal are p between the expenses oplicable requirements. ned as direct costs. In ublic Instruction will be	incurred and the ag Further, the same of addition, similar type	reements to which costs that have be es of costs have b	n they are all en treated as een account	ocated in s indirect costs ed for consistently
	regoing is true and cor				
Signature of Distr Chairperson	ict Superintendent or	Board	Street Address	or P.O. Box	
Onanperson			PO Box 1259		
Printed Name of A	Authorized Official		City	2	Zip Code
			Columbia Falls		59912
Title			Date		
Send cor	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUB	LIC INSTRU	CTION BY:
Ap	proved Rate for FY20	006	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Legal Entity #	School Dist. #	School Name		County	Level
0316	9	Creston Elem		15	EL
Proposed Restric	ted Indirect Cost Rat	e% (Round to nearest h	undredth (Χ.λ	(X%) of a percent.)
	Complete and submit vole submitted for the electory of your rate.				•
This is to certify that knowledge and believed.	t I have reviewed the interior	ndirect cost rate propo	osal submitted he	rewith and to	the best of my
allowable in accorda A-87, "Cost Principl	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	nents of the Federal av Governments." Unal	ward(s) to which to wable costs have	hey apply ar e been adju	nd OMB Circular
casual relationship accordance with ap have not been claim	d in the proposal are postween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be	s incurred and the agree Further, the same co- addition, similar types	eements to which ests that have bee s of costs have be	they are allo n treated as en accounte	ocated in indirect costs ed for consistently
	regoing is true and cor				
_	Signature of District Superintendent or Board Street Address or P.O. Box				
Chairperson 4495 Montana 35					
•			4495 Montana 35		
Printed Name of A	uthorized Official		4495 Montana 35 City		ip Code
Printed Name of A	uthorized Official			Z	i p Code 9901
•	uthorized Official		City	Z	•
Printed Name of A	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	and Budgeting truction	City Kalispell	Z	•
Printed Name of A Title Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501	and Budgeting truction 0-2501	City Kalispell Date	5 5	9901
Printed Name of A Title Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	and Budgeting truction 0-2501 OR THE SUPERINTER	City Kalispell Date	5 5	9901

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

H	lelena, MT 59620-2501		Duc May o	1, 2000	
Legal Entity #	School Dist. #	School Name		County	Level
0317	10	Cayuse Prairie Eler	n	15	EL
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest	hundredth (X.)	XX%) of a percent.)
	Complete and submit woe submitted for the electure oval of your rate.				
This is to certify tha knowledge and beli	t I have reviewed the inef:	ndirect cost rate prop	oosal submitted he	erewith and to	o the best of my
allowable in accord A-87, "Cost Principle	ed in this proposal to es ance with the requirem les for State and Local n the attached Predete	ents of the Federal a Governments." Una	award(s) to which Illowable costs ha	they apply a ve been adju	nd OMB Circular
casual relationship accordance with ap have not been clain	ed in the proposal are p between the expenses pplicable requirements. ned as direct costs. In ublic Instruction will be	incurred and the ag Further, the same of addition, similar type	reements to which costs that have be es of costs have b	n they are allo en treated as een account	ocated in s indirect costs ed for consistently
	regoing is true and cor				
Signature of Distri Chairperson	ict Superintendent or	Board	Street Address	or P.O. Box	
•			897 Lake Blaine		
Printed Name of A	uthorized Official		City	Z	Zip Code
			Kalispell	5	59901
Title			Date	1	
Send con	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUB	LIC INSTRU	CTION BY:
Ар	proved Rate for FY20	006	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

h	Helena, MT 59620-2501		Due May of	, 2000	
Legal Entity #	School Dist. #	School Name		County	Level
0320	15	Helena Flats Elem		15	EL
Proposed Restric	cted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit we be submitted for the electory or				
This is to certify that knowledge and beli	at I have reviewed the ir ief:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my
allowable in accord A-87, "Cost Princip	ed in this proposal to es lance with the requirem les for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply and ve been adju	nd OMB Circular
casual relationship accordance with ap have not been clair	ed in the proposal are p between the expenses oplicable requirements. ned as direct costs. In ublic Instruction will be	incurred and the ag Further, the same of addition, similar type	reements to which osts that have beens of costs have be	they are allo en treated as een account	ocated in s indirect costs ed for consistently
	regoing is true and cor				
Signature of Distr Chairperson	ict Superintendent or	Board	Street Address	or P.O. Box	
•			1000 Helena Fla		
Printed Name of A	Authorized Official		City	Z	Zip Code
			Kalispell	5	9901
Title			Date	<u> </u>	
Send cor	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBI	LIC INSTRU	CTION BY:
Ap	proved Rate for FY20	06	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Н	elena, MT 59620-2501		_ a.ca.y c .	,	
Legal Entity #	School Dist. #	School Name		County	Level
0323	20	Kila Elem		15	EL
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit wo be submitted for the electory or a submitted for the electory or rate.				•
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my
allowable in accorda A-87, "Cost Principl	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply ar e been adju	nd OMB Circular
casual relationship accordance with ap have not been claim	d in the proposal are p between the expenses plicable requirements. ned as direct costs. In ablic Instruction will be	incurred and the ag Further, the same of addition, similar type	reements to which osts that have been so of costs have be	they are allo en treated as een accounte	ocated in indirect costs ed for consistently
	regoing is true and cor				
Signature of Distri Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box	
•			PO Box 40		
Printed Name of A	uthorized Official		City	Z	ip Code
			Kila	5	9920
Title			Date		
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRU	CTION BY:
Ар	proved Rate for FY20	06	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Н	elena, MT 59620-2501		2 40	,	
Legal Entity #	School Dist. #	School Name		County	Level
0324	89	Smith Valley Elem		15	EL
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit wo be submitted for the electory or a submitted for the electory over the complete.				
This is to certify tha knowledge and beli	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my
allowable in accorda	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply ar e been adju	nd OMB Circular
casual relationship accordance with ap have not been claim	d in the proposal are p between the expenses plicable requirements. ned as direct costs. In ublic Instruction will be	incurred and the ag Further, the same of addition, similar type	reements to which osts that have been so of costs have be	they are allo en treated as een accounte	ocated in s indirect costs ed for consistently
	regoing is true and cor				
Signature of Distri Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box	
<u> </u>			600 Batavia Lane		
Printed Name of A	uthorized Official		City	Z	Zip Code
			Kalispell	5	9901
Title			Date		
Send con	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRU	CTION BY:
Ар	proved Rate for FY20	06	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Н	elena, MT 59620-2501	2 30				
Legal Entity #	School Dist. #	School Name		County	Level	
0325	27	Pleasant Valley Ele	em	15	EL	
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)	
	Complete and submit wo be submitted for the electory or an area of your rate.					
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my	
allowable in accorda A-87, "Cost Principl	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	award(s) to which to which to which to which to which to which the ward is a second to the which the ward is a second to ward in the ward is a second to which the ward is a second to ward in the ward in the ward is a second to ward in	they apply ar ve been adju	nd OMB Circular	
casual relationship accordance with ap have not been claim	d in the proposal are p between the expenses plicable requirements. ned as direct costs. In ablic Instruction will be	incurred and the ag Further, the same of addition, similar type	reements to which osts that have beens of costs have be	they are allo en treated as een accounte	ocated in indirect costs ed for consistently	
	regoing is true and cor					
Signature of Distri Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box		
<u> </u>			7975 Pleasant Valley Road			
Printed Name of A	uthorized Official		City	Z	ip Code	
			Marion	5	9925	
Title			Date			
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction				
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:	
Ар	proved Rate for FY20	06	Date Approved			
			Signature			

Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

D. . . May 24 2005

	lelena, MT 59620-2501	Due May 31, 2005			
Legal Entity #	School Dist. #	School Name		County	Level
0327	29	Somers Elem		15	EL
Proposed Restric	ted Indirect Cost Rat	e%	(Round to nearest h	nundredth (X.)	(X%) of a percent.)
	Complete and submit woe submitted for the election of your rate.				
This is to certify tha knowledge and beli	t I have reviewed the in ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my
allowable in accordance A-87, "Cost Principle	ed in this proposal to es ance with the requirem les for State and Local n the attached Predete	ents of the Federal a Governments." Una	award(s) to which t Illowable costs hav	they apply ar /e been adju	nd OMB Circular
casual relationship accordance with ap have not been clain and the Office of Pu predetermined rate.	ed in the proposal are pubetween the expenses plicable requirements. In the distribution will be the contraction will be the contraction of the co	incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which osts that have been sof costs have be	they are allo en treated as een accounte	ocated in indirect costs ed for consistently
Signature of Distri	ict Superintendent or		Street Address	or P.O. Box	
Chairperson			PO Box 159		
Printed Name of A	uthorized Official		City	Z	ip Code
			Somers	5	9932
Title			Date		
Send con	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	truction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:
Ар	proved Rate for FY20	006	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Helena, MT 59620-2501		Due (May 01, 2000)				
Legal Entity #	School Dist. #	School Name		County	Level	
0330	38	Bigfork Elem		15	EL	
Proposed Restric	cted Indirect Cost Rat	e%	(Round to nearest I	nundredth (X.)	XX%) of a percent.)	
	Complete and submit we be submitted for the electory or coval of your rate.					
This is to certify the knowledge and bel	at I have reviewed the in ief:	ndirect cost rate prop	oosal submitted he	erewith and to	o the best of my	
allowable in accord A-87, "Cost Princip	ed in this proposal to es lance with the requirem les for State and Local in the attached Predete	ents of the Federal a Governments." Una	award(s) to which allowable costs has	they apply a ve been adju	nd OMB Circular	
casual relationship accordance with ap have not been clair	ed in the proposal are p between the expenses oplicable requirements. ned as direct costs. In ublic Instruction will be	incurred and the ag Further, the same of addition, similar type	reements to which costs that have been es of costs have be	they are alle en treated as een account	ocated in s indirect costs ed for consistently	
	regoing is true and cor					
Signature of Distr Chairperson	ict Superintendent or	Board	Street Address	or P.O. Box		
Onan person			PO Box 188			
Printed Name of A	Authorized Official		City	Z	Zip Code	
			Bigfork	5	59911	
Title			Date	<u> </u>		
Send cor	mpleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction				
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBI	LIC INSTRU	CTION BY:	
Ap	pproved Rate for FY20	06	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Н	elena, MT 59620-2501	_ acay c ., _ccc			
Legal Entity #	School Dist. #	School Name		County	Level
0331	38	Bigfork H S		15	HS
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit wo be submitted for the electory or a submitted for the electory or rate.				
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my
allowable in accorda A-87, "Cost Principl	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	:hey apply ar /e been adju	nd OMB Circular
casual relationship accordance with ap have not been claim	d in the proposal are p between the expenses plicable requirements. ned as direct costs. In ablic Instruction will be	incurred and the ag Further, the same of addition, similar type	reements to which osts that have been of costs have be	they are allo en treated as een accounte	ocated in indirect costs ed for consistently
	regoing is true and cor				
Signature of Distri Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box	
<u> </u>			PO Box 188		
Printed Name of A	uthorized Official		City	Z	ip Code
			Bigfork	5	9911
Title			Date		
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:
Ар	proved Rate for FY20	06	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Helena, MT 59620-2501			Due (May 61, 2000			
Legal Entity #	School Dist. #	School Name		County	Level	
0334	44	Whitefish Elem		15	EL	
Proposed Restric	ted Indirect Cost Rat	e%	(Round to nearest h	undredth (X.)	XX%) of a percent.)	
	Complete and submit woe submitted for the election of your rate.					
This is to certify tha knowledge and beli	t I have reviewed the in ef:	ndirect cost rate prop	oosal submitted he	rewith and to	o the best of my	
allowable in accord A-87, "Cost Principl	ed in this proposal to es ance with the requirem les for State and Local in the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply ar e been adju	nd OMB Circular	
casual relationship accordance with ap have not been clain	ed in the proposal are p between the expenses plicable requirements. ned as direct costs. In ublic Instruction will be	incurred and the ag Further, the same of addition, similar type	reements to which osts that have been so of costs have be	they are allowed they are allowed the second	ocated in s indirect costs ed for consistently	
	regoing is true and cor					
Signature of Distri Chairperson	ict Superintendent or	Board	Street Address	or P.O. Box		
•			600 East Second Street			
Printed Name of A	uthorized Official		City	Z	Zip Code	
			Whitefish	5	9937	
Title			Date	'		
Send con	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction				
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRU	CTION BY:	
Ар	proved Rate for FY20	06	Date Approved			
			Signature			

Office of Public Instruction Linda McCulloch, Superintendent

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

	² O Box 202501 Helena, MT 59620-2501		Due May 31	, 2005	
Legal Entity #	School Dist. #	School Name		County	Level
0335	44	Whitefish H S		15	HS
Proposed Restricted Indirect Cost Rate			(Round to nearest h	nundredth (X.)	(X%) of a percent.)
	Complete and submit we be submitted for the electory of your rate.				
This is to certify that knowledge and beli	at I have reviewed the i ief:	ndirect cost rate prop	oosal submitted he	rewith and to	the best of my
allowable in accord A-87, "Cost Princip	ed in this proposal to es lance with the requirem les for State and Local in the attached Predete	nents of the Federal a Governments." Una	award(s) to which t Illowable costs hav	they apply ar /e been adju	nd OMB Circular
casual relationship accordance with ap have not been clair and the Office of Popredetermined rate	ed in the proposal are post between the expenses oplicable requirements. The med as direct costs. In the ublic Instruction will be a pregoing is true and corregoing is true and correct contracts.	s incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which costs that have beens of costs have be	they are allo en treated as een accounte	ocated in indirect costs ed for consistently
	ict Superintendent or		Street Address		
Printed Name of A	Authorized Official		600 East Second		ip Code
			Whitefish	5	9937
Title			Date	I	
Send cor	npleted form to: School Accounting Office of Public Ins PO Box 202501 Helena, MT 59620	truction			
ACCEPTED	AND APPROVED FO	OR THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:
Ар	oproved Rate for FY20	006	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Helena, MT 59620-2501		Due May 01, 2000			
Legal Entity #	School Dist. #	School Name		County	Level
0339	50	Evergreen Elem		15	EL
Proposed Restric	cted Indirect Cost Rate	e%	(Round to nearest h	undredth (X.)	XX%) of a percent.)
	Complete and submit we be submitted for the electory or or or constant.				
This is to certify that knowledge and bel	at I have reviewed the interior	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my
allowable in accord A-87, "Cost Princip	ed in this proposal to es lance with the requirem les for State and Local in the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply a ve been adju	nd OMB Circular
casual relationship accordance with ap have not been clair	ed in the proposal are p between the expenses oplicable requirements. ned as direct costs. In ublic Instruction will be	incurred and the ag Further, the same of addition, similar type	reements to which osts that have been so of costs have be	they are alle on treated as een account	ocated in s indirect costs ed for consistently
	oregoing is true and cor				
Signature of Distr Chairperson	ict Superintendent or	Board	Street Address	or P.O. Box	
•			18 West Evergree		
Printed Name of A	Authorized Official		City	Z	Zip Code
			Kalispell	5	9901
Title			Date	1	
Send cor	mpleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRU	CTION BY:
Ap	pproved Rate for FY20	06	Date Approved		
		·	Signature		

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Helena, MT 59620-2501			Due May 01, 2000			
Legal Entity #	School Dist. #	School Name		County	Level	
0341	54	Marion Elem		15	EL	
Proposed Restric	cted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.	XX%) of a percent.)	
	Complete and submit we be submitted for the electory or oval of your rate.					
This is to certify the knowledge and beli	at I have reviewed the in ief:	ndirect cost rate prop	oosal submitted he	rewith and t	o the best of my	
allowable in accord A-87, "Cost Princip	ed in this proposal to es lance with the requirem les for State and Local n the attached Predete	ents of the Federal a Governments." Una	award(s) to which t allowable costs hav	they apply a ve been adju	nd OMB Circular	
casual relationship accordance with ap have not been clair	ed in the proposal are p between the expenses oplicable requirements. ned as direct costs. In ublic Instruction will be	incurred and the ag Further, the same of addition, similar type	reements to which costs that have been es of costs have be	they are alle en treated as een account	ocated in s indirect costs ed for consistently	
	regoing is true and cor					
Signature of Distr Chairperson	ict Superintendent or	Board	Street Address	or P.O. Box		
Onan person			205 Gopher Lane	9		
Printed Name of A	Authorized Official		City	2	Zip Code	
			Marion	5	59925	
Title			Date			
Send cor	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction				
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	ENDENT OF PUBL	LIC INSTRU	CTION BY:	
Ар	proved Rate for FY20	006	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Н	elena, MT 59620-2501				
Legal Entity #	School Dist. #	School Name		County	Level
0342	58	Olney-Bissell Elem	l	15	EL
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit wo be submitted for the electory or a submitted for the electory over the complete the co				•
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my
allowable in accorda A-87, "Cost Principl	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply ar e been adju	nd OMB Circular
casual relationship accordance with ap have not been claim	d in the proposal are p between the expenses plicable requirements. ned as direct costs. In ublic Instruction will be	incurred and the ag Further, the same of addition, similar type	reements to which osts that have been soft costs have be	they are allo en treated as een accounte	ocated in s indirect costs ed for consistently
	regoing is true and cor				
Signature of Distri Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box	
<u> </u>			5955 Farm To Market Road		
Printed Name of A	uthorized Official		City	Z	Zip Code
			Whitefish	5	9937
Title			Date		
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	.IC INSTRU	CTION BY:
Ар	proved Rate for FY20	06	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

	Helena, MT 59620-2501							
School Name	County	Level						
West Valley Elem	15	EL						
e% (Round to ne	earest hundredth (X.)	XX%) of a percent.)						
ndirect cost rate proposal submi	tted herewith and to	o the best of my						
ents of the Federal award(s) to governments." Unallowable co	which they apply ar sts have been adju	nd OMB Circular						
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.								
		I declare that the foregoing is true and correct.						
Signature of District Superintendent or Board Chairperson Street Address or P.O. Box								
2290 Farm	n To Market Road							
	n To Market Road	ip Code						
2290 Farm	n To Market Road z							
2290 Farm City	n To Market Road z	Zip Code						
2290 Farm City Kalispell	n To Market Road z	Zip Code						
2290 Farm City Kalispell Date and Budgeting ruction	To Market Road Z	Zip Code 9901						
2290 Farm City Kalispell Date and Budgeting ruction	To Market Road Z 5	Zip Code 9901						
֡֡֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜	West Valley Elem (Round to not ith one copy of each application mentary and high school district adirect cost rate proposal submit tablish the final indirect cost rate ents of the Federal award(s) to commend Indirect Cost Allocation from the Indirect Cost Allocation from the Same costs that he addition, similar types of costs in the Indirect of any accounting changered.	West Valley Elem (Round to nearest hundredth (X.X) ith one copy of each application for Indirect Cost Rementary and high school district. A copy of this central direct cost rate proposal submitted herewith and to the tablish the final indirect cost rate for the periods included the final indirect cost rate for the						

CERTIFICATION FOR INDIRECT COST RATE

For FY 2005-2006

Helena, MT 59620-2501			Due 1714y 01, 2000			
Legal Entity #	School Dist. #	School Name		County	Level	
1223	8	West Glacier Elem		15	EL	
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest I	nundredth (X.)	XX%) of a percent.)	
	Complete and submit woe submitted for the electory oval of your rate.					
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	erewith and to	o the best of my	
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which llowable costs ha	they apply ar ve been adju	nd OMB Circular	
casual relationship l accordance with ap have not been claim	d in the proposal are p between the expenses plicable requirements. ned as direct costs. In ublic Instruction will be	incurred and the agr Further, the same caddition, similar type	reements to which osts that have be as of costs have b	they are allo en treated as een accounte	ocated in indirect costs ed for consistently	
	regoing is true and cor					
Signature of Distri Chairperson	ct Superintendent or	Board	Street Address	or P.O. Box		
onan person			PO Box 309			
Printed Name of A	uthorized Official		City	Z	ip Code	
			West Glacier	5	9936	
Title			Date			
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction				
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBI	LIC INSTRU	CTION BY:	
Ар	proved Rate for FY20	06	Date Approved			
			Signature			